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## BIB DATA SHEET

CONFIRMATION NO. 1232

<b>SERIAL NUMBER</b> 10/816,571	<b>FILING or 371(c) DATE</b> 04/01/2004 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> 15070.6.2		
<b>APPLICANTS</b> B. Ron Johnson, Sandy, UT; <b>** CONTINUING DATA *****</b> This application is a CIP of 10/200,897 07/22/2002 PAT 6,759,434 which is a CIP of 09/668,953 09/22/2000 PAT 6,423,750 which is a CIP of 09/401,076 09/22/1999 PAT 6,211,243 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 06/17/2004						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/DONNA A JAGOE/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> UT	<b>SHEETS DRAWINGS</b> 9	<b>TOTAL CLAIMS</b> 29	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> John M. Guynn WORKMAN NYDEGGER 1000 Eagle Gate Tower 60 East South Temple Salt Lake City, UT 84111 UNITED STATES						
<b>TITLE</b> Anti-infective compositions, methods and systems for treating pathogen-induced disordered tissues						
<b>FILING FEE RECEIVED</b> 716	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees		
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